Yes

Japan

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATION

(X) Original () Supplemental () Substitute () PCT () DESIGN

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title:	WAVEFORM	POLIAL IZATION	CONTROL I ED	AND WAVEFORM E	THAT IZATION	CONTROL	METHOD
I itte:	WAVEFURM	EUUALIZATION	CONTROLLER	AND WAVEFURM EV	JUALIZATION	CONTROL	MEIDUD

of which is described and claimed i	n:		
() the attached specification, or			
(X) the specification in application Sapplicable), or	Serial No,	iled <u>October 30, 2000</u> , and with a	mendments through (if
() the specification in International	Application No., filed, and as amende	d on (if applicable).	
I hereby state that I have reviewed a by any amendment(s) referred to ab	and understand the content of the above ove.	-identified specification, including	the claims, as amended
I acknowledge my duty to disclose defined in Title 37, Code of Federa	to the Patent and Trademark Office all Regulations, §1.56.	information known to me to be m	aterial to patentability a
application(s) for patent or inventor	der Title 35, United States Code, §1 's certificate listed below and have als e that of the application on which prior	o identified below any application	
COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

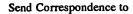
October 29, 1999

11-309872

APPLICATION SERIAL NO.	U.S. FILING DATE	STATUS: PATENTED, PENDING, ABANDONED

And I hereby appoint Michael R. Davis, Reg. No. 25,134; Matthew M. Jacob, Reg. No. 25,154; Jeffrey Nolton, Reg. No. 25,408; Warren M. Cheek, Jr., Reg. No. 33,367; Nils Pedersen, Reg. No. 33,145; and Charles R. Watts, Reg. No. 33,142, who together constitute the firm of WENDEROTH, LIND & PONACK, L.L.P., jointly and severally, attorneys to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith.

I hereby authorize the U.S. attorneys named herein to accept and follow instructions from <u>HAYASE & CO.</u> as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and myself. In the event of a change in the persons from whom instructions may be taken, the U.S. attorneys named herein will be so notified by me.



Direct Telephone Calls to:

WENDEROTH, LIND & PONACK, L.L.P. 2033 K Street, N.W., Suite 800 Washington, D.C. 20006

WENDEROTH, LIND & PONACK, L.L.P. Area Code (202) 721-8200

Direct Facsimile Messages to: Area Code (202) 721-8250

Full Name of First Inventor	FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME TOKUNAGA Naoya
Residence & Citizenship	CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP Osaka Japan Japan
Post Office Address	ADDRESS CITY STATE OR COUNTRY ZIP CODE 3-9-5, Terakata Hondori, Moriguchi-shi, Osaka, 570-0048, Japan
Full Name of Second Inventor	FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME UEDA Kazuya
Residence & Citizenship	CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP Osaka Japan Japan
Post Office Address	ADDRESS CITY STATE OR COUNTRY ZIP CODE 31-6-401, Ikaganishimachi, Hirakata-shi, Osaka 573-0066, Japan
Full Name of Third Inventor	FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME
Residence & Citizenship	CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP
Post Office Address	ADDRESS CITY STATE OR COUNTRY ZIP CODE
Full Name of Fourth Inventor	FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME
Residence & Citizenship	CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP
Post Office Address	ADDRESS CITY STATE OR COUNTRY ZIP CODE
Full Name of Fifth Inventor	FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME
Residence & Citizenship	CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP
Post Office Address	ADDRESS CITY STATE OR COUNTRY ZIP CODE
Full Name of Sixth Inventor	FAMILY NAME SECOND GIVEN NAME .
Residence & Citizenship	CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP
Post Office Address	ADDRESS CITY STATE OR COUNTRY ZIP CODE





I further declare that all statements made herein of my own knowledge are true, and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	1st Inventor	Date
		Naoya TOKUNAGA
	2nd Inventor	Date
		Kazuya UEDA
	3rd Inventor	Date
	4th Inventor	Date
	5th Inventor	Date
a la es es es es es	6th Inventor	Date
	The above a	pplication may be more particularly identified as follows:
	U.S. Applica	ation Serial No Filing Date October 30, 2000
	Applicant Re	eference Number <u>P-23754-01</u> Atty Docket No. <u>2000-1507A</u>
	Title of Inve	ntion WAVEFORM EQUALIZATION CONTROLLER AND WAVEFORM EQUALIZATION CONTROL METHOD
W		